

INFECTION CONTROL

IC.1

An effective organization program exists to monitor, prevent, and control infection.

IC.1.1 All patient care and patient care support departments/services are included in the program.

IC.1.2 Written policies and procedures exist that describe

IC.1.2.1 the role and scope of participation of each department/service in infection prevention and control activities; and

IC.1.2.2 the role and scope of participation of employee health activities in the program.

IC.1.3 Written policies and procedures exist that describe the types of surveillance used to monitor the rates of nosocomial infections, the systems used to collect and analyze data, and the activities to prevent and control infection.

IC.1.3.1 Ongoing review and analysis exists for nosocomial infection data, risk factors, and as needed, special studies that relate to infection prevention and control.

IC.1.3.1.1 Laboratory support, particularly microbiological and serological, is provided or arranged for.

IC.1.3.1.2 Nosocomial infection data using, as appropriate, rates stratified by infection risk or focused infection studies is collected continually for the following purposes:

IC.1.3.1.2.1 to monitor the effects of intervention strategies on the infection rates; and

IC.1.3.1.2.2 to provide feedback to selected groups of physicians, nurses, and support staff about the nosocomial infection risk of their patients.

IC.1.3.2 Activities are conducted to prevent and control infections in patients and personnel.

IC.1.3.2.1 Written policies define the indications for specific precautions to prevent transmission of infection, including

IC.1.3.2.1.1 adequate infection control devices and supplies available in patient care areas; and

IC.1.3.2.1.2 filled infectious waste containers disposed of in a timely manner in accordance with the organization's hazardous materials and wastes program.

IC.1.3.2.2 Persons qualified in infection surveillance, prevention, and control provide consultation regarding the purchase of any equipment and supplies used for sterilization, disinfection, and decontamination.

IC.1.3.2.3 Cleaning procedures, agents, and schedules in use throughout the organization are periodically reviewed.

IC.1.3.2.3.1 Persons qualified in infection surveillance, prevention and control provide consultation regarding any major change in cleaning products or techniques.

IC.2

A multidisciplinary committee oversees the program to monitor, prevent, and control infection.

IC.2.1 Committee membership includes representatives from the professional staff, administration, and the person(s) directly responsible for management of the infection surveillance, prevention, and control program.

IC.2.1.1 Representation from housekeeping, central services, laundry, the nutrition department/service, the engineering and maintenance department/service, and pharmacy, when these services exist, is recommended on at least a consultative basis.

IC.2.1.2 The committee includes an individual whose credentials document knowledge of, and special interest or experience in, infection control.

IC.2.1.3 The committee meets at least quarterly.

IC.2.2 The committee approves the type and scope of surveillance activities, which include at least the following:

IC.2.2.1 N/A

IC.2.2.2 review of patient infections, as appropriate, to determine whether an infection is nosocomial using definitions and criteria approved by the committee;

IC.2.3 The committee approves actions to prevent or control infection, based on an evaluation of the surveillance reports of infections and of the infection potential among patients and organization personnel.

IC.2.3.1 Conclusions, recommendations, and actions are documented in the minutes of the committee.

IC.2.3.2 The minutes are forwarded to the professional staff (through the executive committee), the chief executive officer, and the person(s) responsible for the organization wide quality assessment and improvement activity.

IC.2.3.2.1 The responsibility for taking action on the recommendations documented in the minutes is assigned and defined in writing.

IC.2.4 The committee reviews and approves, at least every two years, all policies and procedures related to the infection surveillance, prevention, and control program and to related activities in all departments/services.

IC.2.4.1 Reviews and approvals are documented in minutes of the committee.

IC.2.5 The authority of the committee, or its designee, to institute any surveillance, prevention, and control measures or studies when there is reason to believe that any patient or personnel may be in danger is defined in writing and approved by the administration and professional staff.

IC.3

Responsibility for the management of infection surveillance, prevention, and control is assigned to qualified person(s).

IC.3.1 Documented evidence exists that the person(s) has education, training, or supervised experience related to infection surveillance, prevention, and control.

IC.3.2 The amount of time the Person(s) spends in infection surveillance, prevention, and control activities is related to the needs of the organization, as defined by the committee responsible for overseeing the infection program.

IC.4

Written policies and procedures exist for infection surveillance, prevention, and control for all patient care departments/services.

IC.4.1 The written policies and procedures are made known to personnel performing patient care procedures associated with the potential for infection.

IC.4.1.1 All personnel are competent to participate in infection monitoring prevention and control activities, and all personnel are provided with any necessary orientation, on-the-job training, and continuing education.

IC.4.1.1.1 All educational activity is documented.

IC.5

Support departments/services, such as existing central services, housekeeping services, and linen and laundry services, are available to assist in infection prevention and control and are provided with adequate direction, staffing, and facilities, to perform all required infection surveillance, prevention, and control functions.

IC.5.1 When the organization conducts decontamination and sterilization activities, specific written policies and procedures exist for these activities.

IC.5.1.1 All sterilizing equipment's performance is monitored throughout the organization.

IC.5.1.2 Written policies exist for shelf life of all stored sterile items.

IC.5.1.3 Written policies and procedures exist for reusing disposable items.

IC.5.1.3.1 These policies and procedures address the reprocessing of disposable items.

IC.5.2 Soiled and contaminated supplies are separated from clean and sterile supplies either by facility design or by the management of work flow, in accordance with written policies and procedures.

IC.5.3 The laundry service, when it exists, provided, either directly or in accordance with a written agreement with an outside source, and adequate supply of clean linen.

IC.5.3.1 Clean linen is delivered to the user in such a way as to minimize microbial contamination from surface contact or airborne deposition.

IC.5.3.2 Soiled linen is collected in such a manner as to minimize microbial dissemination into the environment.